

## Foster Family Home - Corrective Action Report

Provider ID: 1-180026

Home Name: Liza Nabua, CNA

94-513 Alapine Street

Waipahu

HI 96797

Review ID: 1-180026-1

Reviewer: Carrie Wakai

Begin Date: 6/7/2018

End Date:

7/3/18

### Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 person CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/7/2018.

### Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(4)-No disclosure form for CG#3 present in the home's folder.

41(b)(8)-No CPR, First-Aid and Blood-borne training for CG#3 present in the home's folder.

Carrie Wakai RN

Compliance Manager

[Signature]  
Primary Care Giver

6/8/18

Date

6/8/18

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Liza Nabua, CNA

CCFFH Address: 94-513 Alapine St. Waipahu 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(4)	Caregiver #3 completed and signed the disclosure form.	6/8/18	I will keep & review my caregivers disclosure form in the chart each month.
41(b)(8)	CPR, First-Aid and Blood-borne training was obtained by caregiver #3 and placed in the home record.	6/8/18	I will ask for CPR, First Aid, and Blood-borne training from my caregivers two months before the expiration date. I'll make sure to be kept in my notebook...

Primary Caregiver's Signature: 

Print Name: LIZA N. NABUA Date of Signature: 6/8/18